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BOROUGH OF SALTASH

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for

1966

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BOROUGH OF SALTASH

TO THE MAYOR, ALDERMEN, AND COUNCILLORS OF THE BOROUGH OF SALTASH.

Your Worship, Ladies and Gentlemen,

During the year 1966 the estimated population of the Health Area rose by 420 to a total of 51,500. Very small decreases in Liskeard R.D. and Torpoint U.D. were offset by moderate increases in St. Germans R.D. Saltash M.B and Liskeard M.B and by a very small increase in Looe U.D.

There was an appreciable excess of live births over deaths, and the corrected birth rate for the Area was above the National figure. In one district in particular - Saltash M.B. - there was something of a "population explosion" with 180 live births, and a corrected birth rate of 23.9 per 1,000 of population. The corrected rate in Torpoint U.D. at 22.3 was also appreciably above the Area rate of 18.7 per 1,000 of population. Both the stillbirth rate and the infant mortality rate for the Health Area were below the corresponding figures for England and Wales. No maternal deaths occurred during 1966.

The Area death rate was marginally lower than the national death rate. The principal causes of death showed up in much the same order of prevalence as in previous years. Heart disease which caused 38% of all deaths was clearly ahead of cancer (17%) and stroke (15%). Close on half of the deaths attributed to heart disease were due to disease of the coronary arteries of the heart. Of the defined forms of cancer that affecting the lungs and lungs was most common and caused 24 deaths as against 11 due to cancer of the stomach. Of the 691 persons who died during the year 345 had reached or exceeded the age of 75 years at the time of death.

The incidence of notifiable disease was not heavy during 1966. The total of 387 cases notified represented an attack rate of 7.51 cases per 1,000 of population. Measles with 293 notifications was the most prevalent of this group of diseases, and the districts most affected were St. Germans and Liskeard Rural Districts. None of the more serious forms of notifiable disease occurred, and there were no deaths attributed to this cause.

For many years there has been a downward trend in the incidence of newly notified cases of tuberculosis but this decline has not been a steady falling gradient, but one in which a fairly marked reduction in any particular year is commonly followed by an upswing in the curve of incidence in the following year. This pattern was again evident in 1966 when the incidence rose as compared with 1965. In all 16 new cases were notified as against 9 in the preceeding year. The tendency for the majority of cases to come from the older age groups was again in evidence and no less than 12 of the cases were aged 45 years or above at the time the infection was discovered and notified. In spite of better and more widely available methods of diagnosis, such as public mass radiography sessions provide, and improved, and very effective methods of treatment tuberculosis is still a disease to be viewed with concern. Some strains of the tubercle bacillus acquire resistance to anti-tuberculous drugs and such infections prove difficult, and tedious to treat. Very occasionally more serious and forgotten forms of the disease show up and such was the case towards the end of 1966 when a 14 year old schoolgirl developed tuberculous meningitis. Not so very many years ago such a case would almost certainly have had a fatal outcome and even with modern treatment some residual disability may persist. In the case I have cited the child involved still has not been able to resume school some six months after the onset of the infection.

In recent years a relatively mild form of gastro-enteritis has become prevalent. This affects in the main children in primary school age-groups i.e. from 6 - 10 years old, and is less prevalent amongst older children, and adults. It appears to be active at all seasons of the year in contrast to food poisoning, and more conventional forms of gastro-enteritis which are usually more prevalent during the warmer months. In younger children it is commonly a very mild, indeed a trivial illness, but tends to be more severe in adults when these are involved. Specimens from patients give negative bacteriological results, and the probability is that some form of virus, as yet not positively identified is responsible for the illness. The mode of spread of this disease is not precisely known.

The infection is almost certainly carried in the vomit and the stools, but it is also probably transmitted by droplets from the nose and mouth of cases. In this respect it resembles the common cold and because this method of spread is involved it is difficult if not impossible to effectively control the spread of the infection. It is also likely that in the case of children sub-clinical infections which because of this mild and transient nature are not recognised can nevertheless function as links in the chain of infection.

In my Annual Report for 1965 I referred to the hazard presented to consumers of untreated milk by the existence of contagious abortion infection or brucellosis amongst cows in milking herds. Since then this subject has received a good deal of publicity and I personally have seen articles in newspapers, in a journal which circulates widely in the farming industry and have seen and heard very interesting and informative programmes on television and radio drawing attention to the adverse effects of this disease on agricultural economies, and on the health of farmers, cowmen, veterinary surgeons, and to some lesser extent on consumers of untreated milk. As far as the last hazard is concerned the heat treatment of all raw milk in pasteurisation plants provides a solution which is readily available. The threat to those who work closely with cattle is not so easily dealt with, and its resolution together with that to the economy of the agricultural industry calls for the eradication of the disease in cattle under the same type of policy which was successfully carried out some years ago for the eradication of tuberculosis. As I write the first small, and very inadequate steps are being taken in Cornwall to deal with the problem. As is generally the case in this type of situation financial considerations whether in relation to compensation to be paid for infected animals or for augmenting the staff and technical facilities necessary to carry through any scheme of eradication, are the factors which decide the rate at which remedial measures can proceed. At the present time we must reluctantly recognise the fact that any rapid and comprehensive scheme for the eradication of brucellosis in cattle does not rate a high degree of priority or urgency in the national plan.

The identification of sources of brucella infection in milking herds is a tedious and time-consuming procedure. At present there is only one sampling officer on the staff of the County Council, and he has so far had to confine his efforts to investigations of herds in West and Mid Cornwall. Because of this very little investigation of milking herds of producer-retailers in this Health Area has been carried out. It is a fact that in Cornwall some 20- 25% of milking herds which have been sampled show some evidence of Brucella abortus infection in the milk. On this basis some 16 to 19 of the 78 producer-retailer milking herds in this Health Area may be expected to show evidence of infection in their milk. If we are to proceed from the position of intelligent guesswork to the actual ascertainment of sources and extent of infection the recruitment of further sampling officers is necessary. Here however difficulties, principally financial, do not give hope of any early or rapid improvement in the present unsatisfactory state of affairs and in face of this and the very lukewarm schemes for eradicating the disease from cattle I can only repeat the advice generally given against the consumption of untreated milk.

The welfare and living standards of two sections of our affluent society continue to cause concern. These are the so called "problem families" and the elderly, and in particular old people living alone. In the former case the parents are commonly below average in intelligence, the wage earner is usually without skills, and is therefore unable to secure and hold well-paid employment, and both parents are ill-equipped to resist the blandishments of doorstep salesmen, the attractively set out and brightly coloured catalogues of mail order suppliers and the social pressures of "keeping up with the Jones" which appear to apply at all levels of society. The extension of car ownership puts further strains on the resources of such families. Apart from the standing charges for taxing and insuring the vehicles, outgoings on repairs and maintenance are frequently well above average because the cars owned are old and in poor mechanical condition. Possession of a car also tempts the owner to take employment some distance away from home with the inevitable extra expense such travelling involves. A recent instance comes to mind in which out of a weekly income of around £12 no less than

£3. 10. Od. was spent on travelling to and from the place of work. More often than not then not the call to assist these families originates in concern about a relatively small debt, frequently in respect of the rent of the Council house they occupy, but when the full financial liabilities are exposed the total debt load may exceed £150 - £200. It is noteworthy how much of the worry and anxiety of such a situation is borne by the wife. Many of the husbands seem to think that provided they hand over a certain amount of their wages each week, there is no need for further concern on their part as to how the household budgeting is done.

Elderly people, and especially those living alone, continue to present anxieties and problems to their relatives, their neighbours, and to social workers. The pattern, stemming very largely from degenerative changes and ageing of the vessels supplying blood to the brain, is all too familiar to those who come in contact with older people. Coupled with a failing memory is a deterioration in standards of cleanliness both personal, and in relation to the surroundings. In addition many through lack of an adequate income or through a cranky and unreasonable pre-occupation with frugality live on an unsatisfactory diet which sooner or later give rise to malnutrition and avitaminosis. In one respect at least the situation is improved. Old people are now much more receptive to the idea of entering welfare accommodation in an Old Peoples Home where they may be adequately cared for. Indeed there is now a problem here of providing sufficient places for the number of applicants seeking places and a period of waiting is the rule for the great majority of applicants. New homes will be provided in Callington and Liskeard in the course of the next couple of years and whilst this new provision may reduce waiting lists it will not eliminate them.

The provision of hospital beds for old people in need of care, attention, and nursing beyond the scope of welfare accommodation is still far from adequate, and one still hears all too often of old people rendered bedfast by accident or infirmity having to wait for a hospital bed when their domestic circumstances particularly during the hours of darkness give cause for much anxiety. If in making these observations I appear to be unduly critical of the hospital authorities let me say at once that I am well aware of their difficulties in providing accommodation and staff for this type of patient, and that I do not overlook the special efforts they make to give priority to cases where they are made aware of the unsatisfactory sometimes desperate domestic background.

In the field of water supply the situation is generally satisfactory although there are some localities in which consumers still experience difficulties. These relate in the main to shortage of water during times of heavy demand, and to the appearance of sediment and discolouration in the supply, both of which arise from older and now inadequate distribution mains. The East Cornwall Water Board is aware of these inadequacies and has a programme to deal with them, but for financial and other reasons this will take time.

The position in respect of sewerage and sewage disposal shows a gradual improvement with large schemes in Liskeard Borough, and in Calstock Parish well in hand. There is also good prospect that a comprehensive scheme for Looe will not be long delayed. This last will remove a major source of nuisance concerning which I have in previous reports written in a very critical vein. In the Liskeard Rural District the position has now been reached where schemes to cater for relatively small hamlets are being considered. A possible obstacle to the implementation of such small schemes is the high cost in relation to the limited number of dwellings served - in some cases as much as £400 to £500 per dwelling.

In an area which is mainly rural in character it may seem odd to write of any difficulty in finding and securing suitable sites for disposing of household refuse. Nevertheless this is certainly the case more particularly in the western half of the Health Area. The increase in the volume of household and trade refuse to be disposed, coupled with more critical attitudes of disposal methods have added considerably to the difficulty of securing suitable sites. I have already said, and I offer no excuse for repeating here my view that ratepayers will have to accept higher charges if really satisfactory arrangements for the

collection and disposal of refuse are to be made. Improved types of refuse collecting vehicles, and more efficient methods of tip management are likely to increase noticeably the cost of this service. In addition the not unreasonable demand for the inclusion in this service of ways and means of disposing of heavier items, such as motor car bodies, old furniture mattresses - what is commonly called "junk" - will further increase rate-borne expenditure under this head. This latter type of refuse poses little problem to public health but is presenting an increasing threat to the amenities of the countryside and open spaces near any centre of population.

In concluding the general preface I should like to place on record yet again my sense of gratitude and indebtedness to the Members, Officers, and staffs of the six District Councils for the help and co-operation that I have received from them during 1966.

I have the honour to be

Your obedient Servant,

P.J. FOX

Medical Officer of Health.

STAFF

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MEDICAL OFFICER OF HEALTH

P. J. FOX,

M.B., B.Ch., B.A.O., D.P.H.

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Telephone - Liskeard 3373.

PUBLIC HEALTH INSPECTOR

J. MARTIN,

M.A.P.H.I., M.R.S.H.

Church House, Saltash, Cornwall.
Telephone - Saltash 3190.

TECHNICAL ASSISTANT

T. M. KELLY
(from 1st September, 1966)

CLERK

G. V. BOND (Miss)

OPERATIVE

T. M. KELLY
(to 31st August, 1966)

J. BALCH
(from 5th September, 1966)

SECTION A

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area of the Borough	5,386 acres
Registrar General's Estimate of Resident Population	8,270
Number of Inhabited Houses (1st April, 1967)	2,848
Rateable Value (1st April, 1967)	£264,873
Estimated Product of Penny Rate	£1,030

Vital Statistics for 1966

Live births	<u>Male</u> 88	<u>Female</u> 92	<u>Total</u> 180
	<u>Saltash M.B.</u>	<u>Health Area No. 7.</u>	<u>England and Wales</u>
Birth rate per 1,000 of population	23.9.	18.7	17.7
Still births	<u>Male</u> 1	<u>Female</u> 1	<u>Total</u> 2
	<u>Saltash M.B.</u>	<u>Health Area No. 7.</u>	<u>England and Wales</u>
Still birth rate per 1,000 total births	11.0	11.4	15.4
Deaths	<u>Male</u> 56	<u>Female</u> 50	<u>Total</u> 106
	<u>Saltash M.B.</u>	<u>Health Area No. 7.</u>	<u>England and Wales</u>
Death rate per 1,000 of population	10.4.	11.5	11.7
Deaths of infants under one year of age	<u>Male</u> 3	<u>Female</u> 1	<u>Total</u> 4
	<u>Saltash M.B.</u>	<u>Health Area No. 7.</u>	<u>England and Wales</u>
Infant mortality rate per 1,000 live births	22.2	17.9	19.0

Principal Causes of Death at All Ages

Heart disease	45
Stroke	15
Cancer (all sites)	11
Respiratory disease	8
Circulatory disease	7
Accidents	6

The excess of births over deaths was even larger than that which occurred in 1965, due to the exceptionally high birth rate. Coronary heart disease was responsible for almost half of all deaths caused by heart disease. Of the defined forms of cancer, that affecting the lung and the windpipe was the most prevalent as a cause of death. Of those who died during the year 49% had reached or exceeded the age of 75 years at the time of death.

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES
FOR THE AREA.

1. Particulars of the Public Health Officers of the Authority:

These particulars are incorporated at the beginning of the report.

On the 1st September, 1966 Mr. T. M. Kelly was promoted to the post of Technical Assistant in the Department and Mr. J. Balch was appointed to replace him as Operative.

2. Committees:

All Public Health matters are dealt with by the Public Health Committee of the Borough Council.

3. National Assistance Act, 1948, Section 47:

No action under this section was called for during the year.

4. National Assistance Act, 1948, Section 50:

The burial was arranged by the Department of one elderly person who was found dead in the Borough.

SECTION C.

PUBLIC HEALTH CIRCUMSTANCES OF THE AREA.

1. Water Supply:

(a) Quality:

The quality of mains water supplied to the Borough continued to be highly satisfactory. Samples for bacteriological examination were taken regularly by the Public Health Inspector -- a total of thirty seven samples being obtained. The Public Health Laboratory Service reports on all these samples were satisfactory.

(b) Quantity:

An ample quantity of water continued to be available and no restrictions were placed on its use.

(c) Plumbo-Solvency:

The total hardness of water varies from 1-3 p.p.h.t.. The water has little or no action on lead and no cases of lead poisoning were reported.

(d) Proportion of Population Supplied from Public Water Mains:

Except for one or two isolated dwellings the whole of the Borough is now provided with a mains water supply. The proportion of the population supplied by means of stand-pipes is negligible.

2. Drainage:

The Department continued to exercise careful control over the construction of new drainage systems within the Borough. A total of five hundred and seventy five separate tests was applied.

3. Sewerage:

No major alterations to the sewerage system were carried out in the year. Work continued, however, on the preparation of a new sewerage scheme for the Warraton/Burraton Coombe area and consultants were engaged to complete the proposals.

4. Sewage Disposal:

The disposal of sewage continued to be effected by means of five outfalls into the River Torwar and one outfall into the River Lynher. With the exception of the Coombe and Salt Mill outfalls, crude untreated sewage is discharged.

5. Closet Accommodation:

So far as is known no conversions from earth closets to water closets were carried out during the year.

6. Public Cleansing:

(a) Refuse Collection:

Refuse collection in the Borough continued to be carried out in a satisfactory manner. During the year the Council decided to purchase an additional refuse collection vehicle as the existing lorry was unable to cope with the increasing amount of household refuse. Collections continued to be made once fortnightly in outlying areas, once weekly in the central area and twice weekly in the case of food shops.

(b) Refuse Disposal:

The refuse is disposed of by controlled tipping at the S. Mill Tip, and every effort is made to comply with Government recommendations in respect of controlled tipping. Regular measures continued to be taken to eradicate insect and rodent pests by chemical means.

The purchase during the year of a new Massey Ferguson 2 1/4 Crawler made it possible to exercise more effective control over the tip than was previously possible.

(c) Salvage:

The recovery and collection of textiles and metals continued during the year, the total receipts for the sale of these materials for the period 1st April, 1966 to 31st March, 1967 being £124 16s. 7d..

(d) Street Cleansing:

Street cleansing continued to be carried out in a regular and efficient manner. The frequency varies from twice daily to once weekly according to the type of street.

(e) Cesspool Emptying:

The emptying of cesspools is carried out by arrangement with a neighbouring authority.

7. Public Conveniences:

Male and female public conveniences are provided at:

Alexandra Square Car Park,
Burraton Sports Field,
Longstone Park,
St. Stephens,
Warfelton Sports field, and
Waterside.

8. Public Health Inspection of the Area:

The inspection of all districts continued to be carried out regularly by the Public Health Inspector, the following specific visits and inspections being made:

	No.
Individual unfit houses	69
Houses in proposed clearance areas	19
Council houses	113
Rent arrears	11
Aged persons	3
Applicants for Council houses	179
Council houses transfers	25
Lodger applications	44
Improvement grants	61
Shed control	22
Old Peoples' housing schemes	2
Confectioners' shops	1
Milk distributors	7
Ice-cream premises	17
Meat inspection	102
Slaughterhouses	2
Licensed premises	1
Food complaints	7
Food inspection	10
Water supply	48
Rivers	4
Shops	101
Factories	21
Offices	14
Carried forward	883

	No.
Brought forward	883
Catering premises	6
Drainage	196
Sewerage	42
Sewage disposal	11
Piggeries	1
Keeping of animals	10
Rodent infestations	89
Insect infestations	16
Offensive accumulations	27
Offensive odours	5
Noise nuisances	1
Infectious diseases	10
Sale of fireworks	1
Animal Boarding Establishments	5
Oyster Fishery	202
Petrol stations	4
Burial of the dead	3
Waste food boiling plants	12
	<hr/>
	1,524
Other visits (unclassified)	236
	<hr/>
TOTAL	1,760
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9. Factories Act, 1961:

Co-operation continued to be maintained with H.M. Inspector of Factories in the exercise of the provisions of this act.

The following table gives the number of factories in the Borough and details of inspections made by the Public Health Inspector. No defects were discovered.

Premises	Number on Register	Inspections	Number of written Notices	Occupiers Prosecuted
(i) Factories in which sections 1, 2, 3, 4 and 6 are to be enforced by the Local Authorities	3	3	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	11	11	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)	7	7	-	-
Total:	21	21	-	-

10. Outworkers:

No outworkers were employed in the Borough during the year.

11. Offices, Shops, etc.:

Nearly all shops and offices in the Borough have now received at least one general inspection under the Offices, Shops and Railway Premises Act, 1963. A total of seventy six inspections were made under this Act during the year, the following contraventions being discovered:

Temperature	-	1
Ventilation	-	1
Lighting	-	2
Carried forward		<hr/> 4

Brought forward	4
Sanitary accommodation	1
Washing facilities	7
Drinking water	1
Clothing accommodation	3
Eating facilities	2
Floors, passages and stairs	9
First-aid	17
General provisions	34
Total contraventions	<u>78</u>

12. Insect Control:

The Department continued to provide a service for the destruction of insect pests. The following table gives details of treatments carried out:

<u>Type of Infestation</u>	<u>No. of Treatments.</u>
Bettles	5
Wasps	6
Flies	12
Fleas	1
Woodworm	6
Hornets	1
	<u>31</u>

13. Rodent Control:

The Control of rodents continued to be carried out on the lines laid down by the Ministry of Agriculture, Fisheries and Food under the supervision of the Public Health Inspector.

During the year four hundred and forty inspections were made by the operative, two hundred and twenty one infestations being discovered. A successful treatment was carried out in the case of each infestation.

14. Pet Animals Act, 1951:

No premises were registered under this Act during the year.

15. Animal Boarding Establishments Act, 1963:

Two premises are registered under this Act.

16. Diseases of Animals (Waste Food) Order, 1957:

Four premises are registered under this Act.

17. Educational Activities:

The Public Health Inspector continued to give lectures to local organisations on the subjects of food hygiene, housing and public health inspection.

SECTION D.
HOUSING

1. Demolition of Unfit Houses:

(a) Clearance Areas:

On the 15th February, 1966 a Public Enquiry was held concerning the Borough Council's compulsory purchase order in respect of seventeen unfit dwellings in the Fairmead Road/Liskeard Road area. On the 8th June, 1966 the Minister of Housing and Local Government confirmed the order without modification. It is intended to demolish all the properties in the area during 1967 and the site will eventually be utilized by the Housing Committee to provide additional homes for the elderly persons.

(b) Individual Unfit Houses:

No individual unfit houses were demolished during the year.

2. Closure of Unfit Houses:

No houses were closed for the purpose of human habitation.

3. Repair of Unfit Houses:

Twelve houses were rendered fit as a result of informal action taken by the Council.

4. Certificates of Disrepair:

No applications for the issue or revocation of certificates of disrepair were received during the year.

5. Improvement Grants:

(a) Discretionary Grants:

In the period 1st April, 1966 to 31st March, 1967 four discretionary grants totalling £1,232 13s. 3d. were made by the Council.

(b) Standard Grants:

In the period 1st April, 1966 to 31st March, 1967 three standard grants totalling £410 were made.

6. New House Construction:

(a) Local Authority:

At the 31st March, 1967 the Council possessed five hundred and ninety eight dwellings made up as follows:

	No.
One bedroom bungalows	4
One bedroom flats	44
Two bedroom flats	121
Three bedroom flats	7
Prefabricated houses	39
Two bedroom houses	88
Three bedroom houses	239
Four bedroom houses	6
	<u>598</u>

(b) Private:

Fifty seven private dwellings were erected in the Borough during the year.

SECTION E.

INSPECTION AND SUPERVISION OF FOOD.

1. Milk:

Milk supplied to the town continued to be obtained from several private producers and from a large pasteurising establishment. The supervision of the production of milk on farms continued to be in the hands of the Ministry of Agriculture, Fisheries and Food. The pasteurising establishment is inspected and controlled by officers of the County Council.

2. Meat:

(a) Slaughterhouses:

One slaughterhouse is licensed in the Borough. The building complies with the Slaughterhouses (Hygiene) Regulations, 1958 and the Slaughterhouses (Prevention of Cruelty) Regulations, 1958 and is maintained in a highly satisfactory condition.

(b) Slaughtermen:

Four men are licensed to slaughter animals.

(c) Meat Inspection:

All animals slaughtered were inspected according to the method and criteria of meat inspection recommended by the Meat Inspection Regulations, 1963. The following table gives details of animals slaughtered and inspections made during the year:

	Cattle excluding cows	Cows	Calves	Sheep and lambs	Pigs	Horses
Number killed	120	-	-	132	-	-
Number inspected	120	-	-	132	-	-
<u>ALL DISEASES</u>						
<u>EXCEPT TUBERCULOSIS</u>						
<u>AND CYSTICERCOSIS:</u>						
Whole carcasses condemned	-	-	-	-	-	-
Carcasses of which some part or organ was condemned	40	-	-	12	-	-
Percentage of the number inspected affected with disease other than tuberculosis and cysticercosis	33	-	-	9	-	-
<u>TUBERCULOSIS ONLY:</u>						
Whole carcasses condemned	-	-	-	-	-	-
Carcasses of which some part or organ was condemned	-	-	-	-	-	-
Percentage of the number inspected affected with tuberculosis	-	-	-	-	-	-

CYSTICERCOSIS ONLY:

Carcases of which some
part or organ was
condemned

1	-	-	-	-	-
---	---	---	---	---	---

Carcases submitted to
treatment by
refrigeration

1	-	-	-	-	-
---	---	---	---	---	---

Generalised and
totally condemned

-	-	-	-	-	-
---	---	---	---	---	---

3. Ice-cream:

Twenty-five premises are registered under Section 16 of the Food and Drugs Act, 1955 for the storage and sale of ice-cream and one for the manufacture of ice-cream.

Eleven samples were taken and submitted for bacteriological examination. With one exception the samples were satisfactory.

4. Shellfish:

On the 3rd October, 1966 with the approval of the Ministries of Agriculture, Fisheries and Food and Health the Council's Oyster Cleansing Station at Waterside was opened. During the first week of operation over five thousand oysters passed through the cleansing tanks and were sold to the trade. Unfortunately, on the 11th October, 1966 it was reported that certain persons who had consumed oysters locally had become ill, and on the 12th October, 1966 a report was received that about fourteen people in Salcombe had been similarly affected. The plant was immediately closed and investigations were instigated by the Ministry of Agriculture, Fisheries and Food. Investigations are still continuing but up to the time of writing this report no definite results have been obtained.

5. Other Foods:

The following food-stuffs were inspected, found to be unfit for human consumption and were surrendered voluntarily.

	lbs.	ozs.
Canned vegetables	15	10
Canned fruit	168	7
Canned meat	174	15
Canned fish	7	12
Canned milk and cream	27	0
Puddings	4	12
Pickles	4	8
Jellies	6	4
Preserves	10	0
Preserved meat	8	0
	<u>427</u>	<u>4</u>

During the previous year (1965) the amount of food found to be unfit (other than meat at the Slaughterhouse) was 3,146 lbs. 7 ozs. There was thus a decrease during the year under review of 2,719 lbs. 3 ozs.

6. Food Complaints:

Three food complaints were investigated by the Department during the year the details being as follows:

- (i) Mouldy sausages.
- (ii) Cakes infected by weevils.
- (iii) Oats infested by flour moths.

7. Food Premises:

(a) The number of Food Premises in the area by type of business:

Grocers	16
Bakers and Confectioners	6
Butchers	7
Cafes and restaurants	3
Fish fryers	2
Fish-mongers	1
Greengrocers	6
Dairies	1
Distributors of milk	16
Licensed premises	10

(b) The number of Food Premises by type registered under the Food and Drugs Act, 1955, Section 16:

(i) Ice-cream:

Grocers	15
Bakers	4
Cafes	3
Mixed premises	4
	<u>26</u>

(ii) Other:

Butchers (Sausage Making)	7
Fish-fryers	2
	<u>9</u>

8. Method and Disposal of Unfit Food:

Unfit food continues to be disposed of by burial at the Salt Hill Tip. Meat found to be unfit at the Slaughterhouse is stained with liquid acid green before removal.

9. Food Poisoning Outbreaks:

No cases of food poisoning were notified during the year.

SECTION F.

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES

1. Notifiable Disease (other than Tuberculosis):

The incidence of this group of diseases was very light in the Borough during 1966. In all 34 cases were notified none of which involved a more serious type of infection. There were no deaths attributed to infectious disease.

The following are details of cases and case rates during the year :-

<u>Disease</u>	<u>Cases</u>	<u>Rate per 1,000 of population</u>	
		<u>Saltash M.B.</u>	<u>Health Area No. 7</u>
Measles	14	1.69	5.69
Pneumonia	10	1.21	0.89
Erysipelas	8	0.97	0.16
Whooping cough	2	0.24	0.43

2. Tuberculosis:

The incidence of new cases was the same as in the previous year when two cases were notified. One case was a respiratory infection and the other involved glands in the neck. Both persons affected were elderly females. One death of an elderly female was attributed to tuberculosis during 1966.

The following are details of new cases, and comparative case and mortality rates:-

<u>Age Group</u>	<u>M.</u>	<u>F.</u>
0 - 4	-	-
5 - 14	-	-
15 - 24	-	-
25 - 44	-	-
45 - 64	-	1
65 and over	-	1
	<u>-</u>	<u>2</u>
	<u>-</u>	<u>2</u>

Rate per 1,000 of population
Saltash M.B. Health Area No. 7.

New cases	0.24	0.32
All known cases	2.30	3.07
Deaths	0.12	0.06

At the end of 1966 there were 13 known cases of respiratory tuberculosis, and 6 known cases of non-respiratory tuberculosis residing in the Borough.

APPENDIX 1

PRINCIPAL CAUSES OF DEATH - ALL AGES - 1966

DISEASE	ST. GERMANS R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH AREA NO. 7.
Heart disease	79	56	45	23	38	24	265
Cancer (all sites)	46	17	11	14	21	11	120
Stroke	16	19	15	9	35	8	102
Respiratory disease	26	10	8	2	7	6	59
Circulatory disease	9	11	7	4	3	2	36
Accidents	6	2	6	2	3	2	20
Digestive disease	3	2	3	-	-	-	8
Geneto-urinary disease	3	2	-	-	1	1	7

APPENDIX 2.

TYPES OF HEART DISEASE AND CANCER CAUSING DEATH - 1966

TYPE OF DISEASE	ST. GERMANS R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH AREA NO. 7.
Coronary disease, agina	45	25	19	14	11	10	124
Hypertension with heart disease	2	3	-	1	3	-	9
Other heart disease	32	28	26	8	24	14	132
Cancer of the lung and bronc	10	4	3	4	3	-	24
Cancer of stomach	5	1	1	1	2	1	11
Cancer of breast	4	1	-	-	2	2	9
Cancer of uterus	4	-	-	-	1	1	6
Other cancers	23	11	7	9	13	7	70

APPENDIX 3.

DEATHS BY AGE GROUPS - 1966

DISTRICT	0 - 4 YEARS	5 - 14 YEARS	15 - 44 YEARS	45 - 64 YEARS	65 - 74 YEARS	75 YEARS AND OVER	ALL AGES
ST. GERMANS R.D.	3	1	9	39	64	97	213
LISKEARD R.D.	5	-	2	26	42	60	135
SALTASH M.B.	4	1	2	16	31	52	106
TORPOINT U.D.	1	-	2	14	9	31	57
LISKEARD M.B.	3	1	3	14	27	72	120
LOOE U.D.	1	-	1	7	18	33	60
HEALTH AREA NO. 7.	17	3	19	116	191	345	691

APPENDIX 4TUBERCULOSISNEW CASES IN HEALTH AREA NO. 7. - 1966

<u>E GROUP</u>	<u>MALES</u>	<u>FEMALES</u>	<u>PERSONS</u>
0 - 4 YEARS	-	-	-
5 - 14 YEARS	-	1	1
15 - 24 YEARS	1	-	1
25 - 44 YEARS	1	1	2
45 - 64 YEARS	1	5	6
65 YEARS AND OVER	5	1	6
	<u>8</u>	<u>8</u>	<u>16</u>
	<u>MALES</u>	<u>FEMALES</u>	<u>PERSONS</u>
NEW CASE RATE PER 1,000 OF POPULATION	0.16	0.16	0.32

CASE RATES AND MORTALITY RATES IN COUNTY DISTRICTS IN HEALTH AREA NO.7. - 1966

<u>DISTRICT</u>	<u>NEW CASES</u>	<u>ALL KNOWN CASES</u>	<u>DEATHS</u>
ST. GERMAN'S R.D.	0.28	2.54	-
LISKEARD R.D.	0.15	2.68	-
SALTASH M.B.	0.24	2.30	0.12
TORPOINT U.D.	0.30	3.07	-
LISKEARD M.B.	0.85	5.74	0.43
LOOE U.D.	0.50	4.74	-
HEALTH AREA NO. 7.	0.32	3.07	0.06
CORNWALL COUNTY	0.23	3.48	0.04

APPENDIX 5.CANCER OF THE LUNG AND BRONCHUS
DEATHS BY AGE GROUPS - 1966

<u>AGE GROUP</u>	<u>MALES</u>	<u>FEMALES</u>	<u>PERSONS</u>
35 - 44 YEARS	-	1	1
45 - 54 YEARS	1	-	1
55 - 64 YEARS	9	1	10
65 - 74 YEARS	8	1	9
75 AND OVER	3	-	3

DEATH RATE PER 1,000 OF POPULATION - 1966

	<u>MALES</u>	<u>FEMALES</u>	<u>PERSONS</u>
HEALTH AREA NO. 7.	0.408	0.058	0.466
CORNWALL COUNTY	0.399	0.088	0.487
ENGLAND AND WALES	0.470	0.092	0.562

